

# **2011 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P07000105798

**FILED**  
**Mar 18, 2011**  
**Secretary of State**

**Entity Name:** KARLEEN MARIE HIGGINS, P.A.

**Current Principal Place of Business:**

444 N MILLS AVE  
ORLANDO, FL 32803

**New Principal Place of Business:**

1853 POPPY CIRCLE  
THE VILLAGES, FL 32162

**Current Mailing Address:**

P.O. BOX 533057  
ORLANDO, FL 328533057

**New Mailing Address:**

1853 POPPY CIRCLE  
THE VILLAGES, FL 32162

**FEI Number:** 77-0705367

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

HIGGINS, KARLEEN M  
444 N MILLS AVE  
ORLANDO, FL 32803 US

**Name and Address of New Registered Agent:**

HIGGINS, KARLEEN M  
1853 POPPY CIRCLE  
THE VILLAGES, FL 32162 US

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE:

03/18/2011

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: DPVP  
Name: HIGGINS, KARLEEN M  
Address: 1853 POPPY CIRCLE  
City-St-Zip: THE VILLAGES, FL 32162

Title: TS  
Name: HIGGINS, KARLEEN M  
Address: 1853 POPPY CIRCLE  
City-St-Zip: THE VILLAGES, FL 32162

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: KARLEEN M HIGGINS

DPVP

03/18/2011

Electronic Signature of Signing Officer or Director

Date